Customer No. 62274 Dardi & Associates US Bank Plaza, Suite 2000 220 South 6th Street Minneapolis, Minnesota 55402 Telephone: (612) 746-3005

Facsimile: (612) 746-3006

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Attorney Docket No. 5035.01US02

Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of Application No. 10/797,481, filed March 10, 2004 for: SACROILIAC JOINT IMMOBILIZATION, by: John G. Stark.

| l. | Subm | ission re | quired u | nder 37 C.F.R. § 1.114 | | | | |
|----|------|-----------|----------------------|---|--|--|--|--|
| | a. | [] | Previously submitted | | | | | |
| | | | [] | Please enter in the present application the unentered Amendment undo 37 C.F.R. § 1.116, with any attachments, filed on in said prior application. | | | | |
| | | | [] | Consider the arguments in the Appeal Brief or reply Brief previously filed on | | | | |
| | | | [] | Other | | | | |
| | b. | [X] | Enclos [X] | sed A Preliminary Amendment is enclosed. Claims added by this Amendment are properly numbered consecutively beginning with the | | | | |
| | | | | number next following the highest numbered claim in the prior application. | | | | |
| | | | [] | Affidavit(s)/Declaration(s) | | | | |
| | | | [] | Information Disclosure Statement (IDS) | | | | |
| | | | [] | Other | | | | |
| | | | | | | | | |

2. [X] The filing fee is calculated below:

| | Claims | Highest | | | | | | |
|------------|-----------|------------|----------|-------------|--------|-------|-------------|-------|
| | Remaining | No. | Present | | | | | |
| | After | Previously | Extra | Small | Add'l | | Large | Add'l |
| | Amendment | Paid For | (Equals) | Entity Rate | Fee | OR | Entity Rate | Fee |
| Total | 13 | - 24 | = 0 | x 26 | \$ | | x 52 | \$ |
| Indep. | 1 | - 3 | = 0 | x 110 | \$ | | x 220 | \$ |
| RCE fee | | | | + 405 | \$ 405 | | + 810 | \$ |
| Mult. Dep. | | | = | + 195 | \$ | | + 390 | \$ |
| | | | | \$ 405 | OR | TOTAL | \$ | |

^[] First Presentation of Multiple Dependent Claim [MDC]

If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column I of a prior Amendment or the number of claims originally filed.

3. [X] The Commissioner is authorized to charge Deposit Account No. 50-3863 in the amount of \$405.00 (The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed). The Commissioner is hereby authorized to grant any extensions of time and to charge any fees under 37 C.F.R. § 8.1.6 and 1.17 that may be required during the entire pendency of this application to Deposit Account No. 50-3863.

Respectfully submitted,

/Elizabeth Q. Shipsides/

Elizabeth Q. Shipsides, Reg. # 57,529

Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 50-3863.

CERTIFICATE OF ELECTRONIC TRANSMISSION

I hereby certify that this paper is being transmitted electronically to the U.S. Patent and Trademark Office on the date shown below.

June 26, 2009

/Elizabeth Q. Shipsides/

Date

Elizabeth Q. Shipsides, Reg. #57,529